



MONTAGUE SENIOR CENTER SURVEY



To Montague Residents: The Town is conducting a senior center planning study. Please take a few minutes to fill out this survey and return it by May 8, 2015. The Survey may be dropped off or mailed to:

- Montague Town Hall- 1 Avenue A OR
 - Gill-Montague Senior Center- 62 5th St/ PO Box 166
- Additional Copies are available at Town Hall and Senior Center and online at www.montague-ma.gov

For further information, call Roberta Potter Gill Montague Council on Aging Director 413 863 3200, coa@montague-ma.gov. All individual responses are confidential. THANK YOU, from the Senior Center Planning Committee!

1. Please indicate your opinions by checking the appropriate response.
Would you participate in the following activities, classes and programs in a New Senior Center?

A SENIOR CENTER is a SOCIAL/WELLNESS CENTER	Definitely	Probably	No thanks	I Would like to volunteer
FITNESS <i>e.g. Exercise equipment, Tai Chi, Yoga, aerobics, dance, walking</i>				
HEALTH <i>e.g Flu Clinics ,Screening Clinics, Nutrition, meals</i>				
BUSINESS/FINANCE <i>e.g Insurance and tax counseling, Estate Planning</i>				
ARTS AND CRAFTS <i>e.g. Quilting, Knitting, painting, ceramics, woodworking</i>				
CLASSES <i>e.g Lectures, cooking, music, technology</i>				
SOCIALIZATION <i>Cards, games, trips, movies, clubs</i>				

2. Do you have any ideas or suggestions for other activities, classes and programs? Please list them here.

3. Your Age:

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> 75+ | <input type="checkbox"/> 60-74 |
| <input type="checkbox"/> 45-59 | <input type="checkbox"/> 30-44 |
| <input type="checkbox"/> 18-29 | |

4. Your Gender:

- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> MALE | <input type="checkbox"/> FEMALE |
|-------------------------------|---------------------------------|

5. Your Village:

- | | | |
|--|--|--|
| <input type="checkbox"/> Montague City | <input type="checkbox"/> Millers Falls | <input type="checkbox"/> Lake Pleasant |
| <input type="checkbox"/> Turners Falls | <input type="checkbox"/> Montague Center | <input type="checkbox"/> elsewhere |

6. How familiar are you with the Senior Center programs and services?

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Very Familiar | <input type="checkbox"/> Somewhat Familiar | <input type="checkbox"/> not familiar |
|--|--|---------------------------------------|

7. Have you or someone in your household, participated in any Senior Center Programs during the last 5 years?

- | | | | |
|------------------------------|-----------------------------|---|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes, in another town | <input type="checkbox"/> N/A |
|------------------------------|-----------------------------|---|------------------------------|

8. Would you or a member of your household use the Center more if it were modernized and had more programs?

- | | | |
|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|------------------------------|-----------------------------|------------------------------|

9. Do you think the present Senior Center programs are adequate to meet the community's needs?

- | | | |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
|------------------------------|-----------------------------|-------------------------------------|

10. Do you think the town needs a new/updated Senior Center Facility

- | | | |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
|------------------------------|-----------------------------|-------------------------------------|

11. Where should the new Senior Center be located?

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Downtown | <input type="checkbox"/> Elsewhere in Town |
|-----------------------------------|--|

Suggestion: